

Severe Acute Respiratory Syndrome (SARS)*revised 1/14/04

Contact your local public health department prior to sending specimens. Specimens will not be tested unless approved by your local or State health department. Call Marin County Communicable Disease (415) 499-7805; after hours call County Sheriff Communication Center (415) 499-7237, 7235, 7238 and ask for the Health Officer on duty.

Instructions for Sending Specimens

- ☐ Each specimen should be labeled with date of collection, specimen type, and patient name.
- ☐ Send specimens on cold pack to:
 Department of Health Services
 Specimen Receiving / SARS
 850 Marina Bay Parkway
 Richmond, CA 94804
- ☐ Please do not send specimens on a Friday unless they can be hand-carried directly to the laboratory. Refrigerate specimens over the weekend and send on Monday. Specimens should be sent using an overnight courier if possible.

Suggested Specimens for testing

<u>Acute (0-7 days)</u> Upper respiratory: <input type="checkbox"/> 2 NP or throat swabs in Viral Transport Medium Lower respiratory: <input type="checkbox"/> Sputum, BAL, tracheal aspirate or pleural fluid <input type="checkbox"/> >3 ml serum (red top or serum separator tube)	<u>2nd/3rd Week of Illness</u> Upper respiratory: <input type="checkbox"/> 1 NP/OP swab in Viral Transport Medium (VTM) or NP wash/aspirate Lower respiratory: <input type="checkbox"/> Sputum, BAL, tracheal aspirate or pleural fluid <input type="checkbox"/> Stool	<u>Convalescent (≥28 days)</u> <input type="checkbox"/> >3 ml serum (red top or serum separator tube) <input type="checkbox"/> Stool
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Fatal Cases

- ☐ All of the above AND
☐ Fixed tissue from all major organs ☐ Frozen tissue from lung and upper airway

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			County of residence:	Route to: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Age or DOB:	Sex (circle): M F	Onset Date:	Hospital/clinic laboratory where specimens collected:		
Disease suspected or test requested: Severe Acute Respiratory Syndrome (SARS)			<i>This section for State Virus Laboratory use only. Date received by VRDL and State Accession Number</i>		
1 st	Specimen type and/or specimen source	Date Collected			1 st
2 nd	Specimen type and/or specimen source	Date Collected			2 nd
3 rd	Specimen type and/or specimen source	Date Collected		3 rd	
4 th	Specimen type and/or specimen source	Date Collected			

Questions related to specimens ? Call David Cottam at (510) 307-8585 or Marin County Public Health Laboratory (415) 499-6849